



OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 1B: Funding Request Summary	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note the following when completing this form:

- Before completing Form 1B, the SF-424A: Budget Information form must be completed.
- Go to Section A – Budget Summary in the Budget Information form to edit the Total Federal Funds requested, not to exceed \$2,000,000.
- Go to Section B – Budget Categories in the Budget Information form to edit the Federal funds requested for Equipment and Construction (minor A/R).

OVC Federal Funding Request

Will pre-populate from Budget Information form, Section A

- If you select 'Equipment (no minor A/R)' below, you must include the equipment amount in the equipment line item in Section B – Budget Categories on the Budget Information form **and** complete the Equipment List form.
- If you select 'Minor A/R with equipment' below, you must include the minor A/R amount in the construction line item and the equipment amount in the equipment line item in Section B – Budget Categories on the Budget Information form **and** complete the Equipment List form, A/R Project Cover Page, and Other Requirements for Sites form.
- If you select 'Minor A/R without equipment' below, you must include the minor A/R amount in the construction line item in Section B – Budget Categories on the Budget Information form **and** complete the A/R Project Cover Page and Other Requirements for Sites form.
- If you select 'N/A' below, the following forms will not be available in your application: Equipment List, A/R Project Cover Page, and Other Requirements for Sites.

Equipment and Minor Alteration/Renovation (A/R) Funding

Indicate below if you are requesting OVC funding for:

- Equipment (no minor A/R)
- Minor alteration/renovation with equipment
- Minor alteration/renovation without equipment
- N/A (no funding requested for equipment or minor A/R)

NOTE: Based on your selection, the system will require you to complete the applicable equipment and/or minor A/R forms. After providing required information in the relevant forms, if you change the selected option above, the system will **delete** information from all forms that are no longer applicable.

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data



sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.